

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51		1		
2		1					52		1		
3							53		1		
4							54		1		
5							55		1		
6							56	1			
7							57		1		
8							58				
9			13				59			15	
10							60				
11							61				
12							62				
13							63				
14							64				
15	1						65				
16							66		1		
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23			17				73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31	1						81				
32							82		1		
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42	1						92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	161						TOTAL DEP.				
TOTAL CLAIMS	164						TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1350 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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